

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

PATENT APPLICATION

ATTORNEY DOCKET NO. 200300566-4

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS, APPARATUS AND SOFTWARE FOR PRINTING LOCATION PATTERN AND PRINTED MATERIALS

the specification of which is attached hereto unless the following box is checked:

☒ was filed 8th March 2006 as US Application No. or PCT International Application
Number 10/571014 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor(s) rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
PCT/EP2004/051935	PCT	27th August 2004	<input checked="" type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
0321164.6	GB	10th September 2003	<input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
			<input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>

Power of Attorney:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Send Correspondence to:	Direct Telephone Calls to:
Customer Number <u>022879</u>	William T. Ellis
HEWLETT-PACKARD COMPANY Intellectual Property Administration P.O. Box 272400 Fort Collins, Colorado 80527-2400	(202) 672-5485
	Even though the attorney is listed, please associate HP's Customer Number 022879 with this case.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Michel Georges Encrenaz

FR

Full Name of Sole or First Inventor (first, middle (if any), last)

Citizenship

Inventor's Signature

Date

Rubi ES 08191

Inventor's Residence (City, State/Province, Country, Postal Code)

Av Graells, 501 Sant Cugat del Valles 08174 ES

Business/Mailing Address

Page 1 of 2

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)

PATENT APPLICATION

ATTORNEY DOCKET NO. 200300566-4

Johan Lammens

BE

Full Name of Sole or Second Inventor (first, middle [if any], last)

Citizenship

Inventor's Signature

Date

Sant Cugat Barcelona ES 08190

Inventor's Residence (City, State/Province, Country, Postal Code)

Av Graells, 501 Sant Cugat del Valles 08174 ES

Business/Mailing Address

Full Name of Sole or Third Inventor (first, middle [if any], last)

Citizenship

Inventor's Signature

Date

Inventor's Residence (City, State/Province, Country, Postal Code)

Business/Mailing Address

Full Name of Sole or Fourth Inventor (first, middle [if any], last)

Citizenship

Inventor's Signature

Date

Inventor's Residence (City, State/Province, Country, Postal Code)

Business/Mailing Address

Full Name of Sole or Fifth Inventor (first, middle [if any], last)

Citizenship

Inventor's Signature

Date

Inventor's Residence (City, State/Province, Country, Postal Code)

Business/Mailing Address